[insert your full name and address]
Email: [insert your email address] | Telephone No: [insert your phone number]

[insert date] 2021

[insert name and address of school]
Attention: [insert name of head teacher][school governing body

Dear [insert name of head teacher][school governing body],

URGENT QUESTIONS REGARDING SCHOOL'S COVID-19 VACCINATION PROGRAMME

Following the note from the school that children above the age of 12 will be offered vaccination against Covid-19 on school premises starting from Friday 8 October 2021, I feel it is necessary to seek clarity on the practical aspects of roll-out as it affects my [insert name of son(s)/daugther(s)] but also the other pupils in the school aged 12 and above.

My letter is not intended to intimidate, or offend in any way. I am speaking straight from my heart when sending you this letter, for concern of the children under your care, but also for the school staff who are implicitly endorsing the vaccination by inviting the Haringey vaccination team on to the school premises.

This letter is intended to seek clarity on a few important questions concerning health and safety, and on liability should something go wrong. We know there have been some adverse reactions as recorded by the UK's Yellow Card Adverse Drug Reaction system.

The so-called Pfizer/BioNTech COVID-19 "vaccine" utilises an untested new technology that has never been used in vaccines before. Traditional vaccines use weakened or killed virus to stimulate an immune response. The Pfizer-BioNTech vaccine does not. It is purported to consist of an intramuscular shot containing a suspension of lipid nanoparticles filled with messenger RNA (mRNA).

The Covid-19 vaccine has yet to complete its clinical trials (please refer to the appendix for a link to the Pfizer/BioNTech COVID-19 vaccine trial documentation) and there is no long-term safety data. Ordinarily, vaccines take some 5-10 years in testing and to come to market. In this case it is also a novel mRNA technology, never previously used in this way on humans.

Furthermore, as the clinical trials have not yet been completed, the Pfizer/BioNTech COVID-19 vaccine that allows its use in 12- to 15-year-olds in the UK is still under an *Emergency Use Authorisation* from the UK Medicines and Healthcare Regulatory Agency (MHRA) and the vaccine manufacturer is free of liability should any injury, adverse reaction or death occur. It is *not* an approved pharmaceutical intervention, and the level of disclosure of e.g. vaccine ingredients by the manufacturer of the pharmaceutical product is not as detailed as it would be for an approved pharmaceutical. *Anyone taking the Pfizer/BioNTech COVID-19 vaccine is in effect taking part in the vaccine trials*.

Given that the manufacturer cannot be prosecuted for injury/death of a child, liability must therefore reside elsewhere - potentially with those involved in the actual rollout of this programme.

It is important to note that there is *no evidence* that the vaccine will stop transmission of the virus from the vaccine recipient to others and/or that it will reduce severe COVID-19 disease and deaths. The Pfizer

trial protocol is currently not designed to determine whether either of those objectives can be met. It therefore begs the question: ***why do we consider mass vaccination of this age group a priority?***

Some of the key concerns that have been highlighted by a number of scientists and medical professionals across the globe are:

- Antibody-dependant Amplification (ADE). The formation of so-called **"***non-neutralizing antibodies***"** can lead to an exaggerated immune reaction, especially when the vaccine recipient is confronted with the real, "wild" virus after vaccination. This so-called *antibody-dependent enhancement, ADE*, has long been known from experiments with corona vaccines in animals. Chillingly, in the course of these studies the animals that initially tolerated the vaccination died after being exposed to the wild virus.
- Fertility. The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, spike proteins also contain *syncytin-homologous proteins*, which are essential for the formation of the placenta in mammals such as humans. It has not been evaluated whether the Pfizer vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, instructing the body to attack syncytin-1 and it can therefore not be ruled out that *infertility of indefinite duration could result in vaccinated females.* Additionally, a pharmacokinetic study from Japan showed that the lipid nanoparticles and mRNA from the Pfizer vaccine did not stay in the shoulder, and in fact bioaccumulated in many different organs, including the *reproductive organs of both males and females*.
- Myocarditis and Pericarditis heart inflammation. Especially in respect of boys and young, often athletic, men, an alarming number of cases of myocarditis (inflammation of the heart muscle) and Pericarditis (inflammation of the tissue surrounding the heart) have been reported, with death or serious injury resulting. Analysis of data from children injected in Israel and the USA shows that myocarditis is a much higher risk for young children than admitted by the MHRA. Despite MHRA attempts to diminish this serious adverse event, cardiologists have stated that it is not-a "mild" condition because heart cells never regenerate but remain scarred; additionally, historically 50% of those diagnosed with myocarditis die within 5 years of heart-related issues, including heart attacks. The following discusses the risk https://www.ahajournals.org/doi/full/10.1161/circulationaha.105.584532 . Respiratory infectious diseases scientist and former Vice President and chief scientific officer for allergy and respiratory disease of Pfizer Dr Mike Yeadon, puts the risk of myocarditis at 1:1,000 children injected.
- Spontaneous Abortions. It is worth noting that an unprecedented number of spontaneous abortions have been documented to have occurred in pregnant women who have received the vaccine, also late-stage pregnancies, where the risk of spontaneous abortion is typically very rare.
- Polyethylene Glycol (hydrogel). The mRNA vaccines from BioNTech/Pfizer contain *polyethylene glycol (PEG).* Approximately 70% of people develop antibodies against this substance – this means that many people can develop allergic, potentially fatal reactions to the vaccination.
- No data on long-term effects. The extremely short duration of the study, yet to be completed, does *not allow a realistic estimation of the longer-term effects.* As in the narcolepsy cases after the swine flu vaccination, millions of healthy people would be exposed to *an unacceptable and unknown risk*.

In my view there is *no moral or ethical ground* to set about a vaccination programme of millions of fit and healthy teenagers with a vaccine that hasn't been extensively tested on human subjects. Never in

human history have we continued a medical trial with so many adverse events and deaths reported and with seemingly very little analysis being undertaken by our medical regulators across the globe.

It is appalling that the voices of medical professionals, scientists and other experts as well as the victims and their families and loved ones are being persecuted and silenced, deemed to be spreaders of "misinformation". *Why are we allowing this to happen?* To get a taste of the reports being given by or on behalf of the victims damaged by the vaccine, the project www.nomoresilence.world which started in Israel, one of the most heavily vaccinated nations in the world, is a real eye-opener. There are many other similar sources.

I would be grateful if you would kindly help me understand the following concerns I have:

Health & Safety related issues requiring your urgent consideration and response

a) **Emergency Injury or Death:** What are the School's procedures for getting a child to hospital quickly if they are injured/die during Covid-19 vaccination?

b) **Emergency First Aiders:** Who will be the first aiders and what are their qualifications and competency for delivering Emergency First Aid, e.g. resuscitation following seizure or other serious adverse reactions which could occur directly after vaccination, or in the days/weeks ahead, in the classroom or elsewhere on the school premises?

c) **Peer Pressure & Division:** How will the school manage division created by "peer pressure" and other forms of coercion/bullying/harassment, which could arise between children, parents and teachers with opposing views on the Covid-19 inoculations?

d) **Risk Assessments for all Pupils:** Who will prepare the *Individual Risk Assessments* for pupils when each pupil is offered vaccination? These risk assessments should take each child's specific and personal medical history into account together with matters such as allergies to excipients, pre-existing health conditions or genetic variations, whether or not they have already recovered from Covid-19 infection, as previous infection results in antibody and immune system priming, to critically analyse the increasing risk of adverse reaction to the injection, and simultaneously further reducing any potential benefit from the treatment as immunity is already in place. Additionally, the long-term impact on fertility, central nervous system and organ development should be fully considered in such an analysis.

Will each child still be invited to a medical interview by a person offering them the vaccine, regardless of parental wishes? How are those staff qualified?

e) **Vaccine after-effects:** What risk assessments have been done by the school about the "spike protein shedding" issue (as noted in Pfizer's own documentation) which describes a risk to non-vaccinated subjects who share close personal space with a vaccinated subject? Some concerning symptoms have been reported by unvaccinated people and long-term effects of this issue are as yet unknown (please refer to Appendix 2).

Having contacted the Health & Safety Executive I am aware that schools are obligated to complete *Individual Risk Assessments* for pupils as part of their Health & Safety policies. I would be grateful to receive a copy of this policy and the specific one for Individual Risk Assessment, please.

Although I have no evidence to confirm this, I strongly suspect that the school's Public Liability Insurance is likely to be invalid if the school fails to implement expected Health & Safety requirements (as outlined in the *Health & Safety at Work Act 1974* and *The Management of Health and Safety at Work Regulations 1999*). Failure to do so may leave you, or others instructed by you, facing prosecution in ~~a~~ personal capacity for failure in duty of care. Such cases have resulted in serious fines, loss of assets or even inprisonment. This is a serious matter which I feel is pertinent to bring to your attention. Despite any governmental or local health department reassurances that schools have no responsibility and therefore liability in rollout, ultimately this decision would be settled by the Courts.

e) **Consent for under 16s in Medical Trials:** The *UK Medicines for Human Use (Clinical Trials) Regulations* prohibit children under the age of 16 from giving consent to take part in a Clinical Trial of an Investigational Medicinal Product (CTIMP). http://www.hra-decisiontools.org.uk/consent/principles-children-EngWalesNI.html#one

An investigational medicinal product is any medicinal product which is being tested within a trial or any product, including placebo, used as a reference in a clinical trial. https://forums.mhra.gov.uk/showthread.php?32-MHRA-produced-FAQs-for-Investigational-Medicinal-Product-(IMP)

Both Pfizer BioNTech BNT162b1 and BNT162b2, which are the vaccines being administered to children between the ages of 12 and 15 years, are still in clinical trials for *"Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals"*; https://clinicaltrials.gov/ct2/show/NCT04368728

Will the school ensure that parents and children are made fully and sufficiently aware that they are being invited to participate in a clinical trial? Parents expect schools to exercise due diligence and duty of care towards children under their supervision, as well as promoting the safety and welfare of the children in their care - as required under the ***Children Act 1989*** and the application of *"in loco parentis"*. Will you be ensuring the information sent to parents, and that which may be offered to the child (including verbally) is sufficient to satisfy the legal requirement for fully informed consent?

f) **Gillick Competent is unlawful in Clinical Trials:** As previously outlined in the point above that under *The UK Medicines for Human Use (Clinical Trials) Regulations* a child under 16 cannot provide consent, what assurance can you provide to parents that the law will be upheld despite the UK Government allowing Gillick Competency (Gillick v West Norfolk and Wisbech Health Authority [1985] 3 WLR 830) during rollout "in certain circumstances" if the child is deemed to be sufficiently "mature"?

What procedures will the school apply on the day of vaccination to ensure *both* parents/carers have provided fully informed consent, and that no erroneous covid-19 injections are administered, or a child injected against both parents' wishes by a nurse or other appropriately trained professional applying Gillick Competency? Also, as noted above, in the absence of parent(s) on the day of vaccination, under the *Children Act 1989*, you will be expected to apply *in loco parentis* and will therefore be held responsible and liable for any invasive medical procedures undertaken while children are in your care.

g) **The School's role in influencing a child's decision on the Covid-19 Vaccine:** School Insurance does not typically cover invasive medical interventions, nor will it cover a teacher who may be implicated in a civil or criminal liability case in their personal capacity.

Many schools have received and used template PowerPoint presentations extolling the virtues of vaccination. Children in some schools (also very young children of Primary school age) have been shown a BBC *Newsround* episode where the vaccines have been incorrectly cited as "100% safe" (by Professor Devi Shirdar) - this was subsequently retracted but without children being informed of the error. In a second BBC Newsround episode, the presenter discussed and downplayed the risks of the covid-19 vaccines for children. These educational tools misrepresent, misinform and bias children in their understanding of the reality and the truth; this goes against the principles of ensuring that there is fully informed consent.

Should any death or injury result, and the choices of the parents/child have been influenced by any Covid-19-related discussion or materials provided by school, the school may be considered complicit and thereby pursued in a civil or criminal court case.

It is important not to underplay the risks, however "rare" our Government and its advisors might wish us to consider them to be.

Some children will inevitably die and some will suffer irreversible life-changing damage to their health. This can be said with certainty by looking at what has happened in Australia, Israel and the USA following the rollout of the same child Covid-19 vaccination programmes. Reports on the American Vaccine Adverse Event Reporting System (VAERS) (see Appendix 5) evidence this. If you search the public data available, you will find more evidence for Australia and Europe.

Numerous legal cases prepared by experienced legal professionals are currently being pressed against the health department and the Government which indicates the troubling nature of these policies which do not agree with 'the science'. As schools, it is incumbent upon the leaders to tread carefully in case they find themselves in the firing line for not having stopped a potentially endangering medical process which we already know *will* harm a certain number of children. The only questions are: how many? What is the threshold for death, loss, damage for these "acceptably safe" vaccines? Might this happen in your school? And if so, what then?

It is worth noting that these legal cases have strong support and scientific evidence-based arguments. It may not be wise to rely simply on local council/health/education department assurances that you will evade any legal challenges yourself should one of your pupils experience a severe adverse reaction, or worse, a fatality on school premises or subsequently (see Appendix 6).

It might be a prudent decision to consult with your insurer and seek immediate independent legal advice.

The Joint Committee for Vaccination and Immunisations (JCVI) said 'no' to vaccinating children aged 12-15 because the health benefit does *not* outweigh the risks to their health. Can you, as a school leader

and a key voice in your organisation and community afford to accept the risk on behalf of the children in your care? Should you be asked to personally underwrite this risk in order to 'keep schools open', or to 'protect children's mental health'?

I say this only because I feel extremely uncomfortable about the nature of what is happening nationwide and that our schools are being asked to carry out orders, *despite* the science.

Many scientists, doctors, nurses, GPs, politicians, lawyers, parents and other professionals are questioning the rationale of current policy. Oddly, much is being censored in our media and open, honest debate stifled - one has to question why such debates among professionals shouldn't be heard.

The JCVI avoided putting its neck in the noose. Yet schools are being pressured to conform regardless. Such an unusual move perhaps allows the Government to avoid direct responsibility and subsequent prosecution by arguing that they merely 'offered' schools the opportunity and the choice.

It may well be school leaders who will be held responsible for any negative consequences - because they agreed to the rollout, they had a direct role in the vaccination process, as they consented to it taking place on school premises.

If I may respectfully remind you that there are still-as-yet not fully assessed serious adverse reactions, including deaths, associated with this vaccine rollout. There is no long-term safety data. Children are not at risk of Covid-19 (statistically zero per cent risk of death).

It is my belief that should any death or injury resulting from injection given to a child on school premises, parents and concerned citizens will not hesitate to press court proceedings against those who facilitated it.

I do not wish to unduly alarm or upset you, but rather I come from a place of extreme concern not only for the children, but for you and your staff; I hope you understand. I am speaking directly from my heart directly to yours. You, as well as many of the staff at school are also parents, and I hope you appreciate my thoughts in this letter. I am not an “anti-vaxxer”, but I stand for the truth and for political, medical and scientific communities of integrity. I trust that you share these values.

Due to the urgency of the current situation, I ask that you please kindly consider my concerns and reply by Wednesday 6 October 2021.

Yours sincerely,
[sign and insert your full name]

[insert your full name and address]
Email: [insert your email address] | Telephone No: [insert your phone number]

APPENDICEES

1) Pfizer Phase II Clinical Study in 12-15 Year olds

In US clinical trial studies of Pfizer-BioNTech COVID-19 vaccine for children 12-15 years of age, out of 2,264 participants (1,132 (50%) were administered vaccine, 50% placebo), in the vaccine administered group, **11% suffered fatality or severe adverse reactions that interfered with daily activity as follows, 5 fatalities or life-threatening injury and 121 severe adverse reactions.**

https://www.cdc.gov/vaccines/acip/recs/grade/covid-19-pfizer-biontech-etr-12-15-years.html

2) Spike Protein Shedding

The effects of "shedding" are not the passing on of infectiousness but the passing on of the spike protein pathogens via inhalation or skin contact – the long-term impact of which are unknown. Shedding applies to all the Covid-19 vaccines.

Pfizer: A Phase 1/2/3 Study to Evaluate the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals

Refer to Pages 67-69 of the Pfizer/BioNTech report. Similar reports available for AstraZeneca and Moderna.

https://media.tghn.org/medialibrary/2020/11/C4591001_Clinical_Protocol_Nov2020_Pfizer_BioNTech.pdf#page67

There are a number of very alarming reports of this phenomenon, notably that girls (even babies) and women who have been in close proximity to vaccinated individuals have suffered irregular bleeding, even if they have not yet begun to menstruate or have already reached menopause.

3) Public Health England: 70% of Covid-19 Deaths are Vaccinated (to 12 September 2021)

SARS-CoV-2 variants of concern and variants under investigation in England - Technical briefing 23 Published 17 September 2021. Summary below. Full extended data at Table 5, page 19 & 20.

Delta cases England (PHE Data) 1st Feb '21 to 12th Sept '21	Positive Tests	Deaths	% of Deaths
Unvaccinated	257,357	722	28%
Vaccinated	278,212	1,779	70%
Unknown	58,003	41	2%
Total	593,572	2,542	100%
Those 14+ days post 2nd Dose	157,400	1,613	63%

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018547/Technical_Briefing_23_21_09_16.pdf

4) UK MHRA Yellow Card Adverse Event Reporting System - All Covid-19 Vaccines

The Yellow Card System is the UK's official resource for the recording of vaccine related injuries and death. More deaths and injuries are being reported from Covid-19 vaccines than every other vaccine programme put together. It is worth noting that the MHRA has itself stated that typically only 1-10 per cent. of all adverse reactions are ever reported. Most people I speak with have never heard of the Yellow Card System which indicates that administrators of the vaccines are not providing information about this reporting facility.

See Annex One for full reports - https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting

Summary of key data for the 9 month period to 1st September 2021 shows the following:

	Pfizer/BioNTech	Astra Zeneca	Moderna	Unspecified
Total Deaths **(1,632)**	524	1,064	16	28
Total Adverse Reactions **(1.186m)** Including:	314,700	820,923	47,977	3,244
- Blindness **(402)**	101	283	14	4
- Blood Disorders, including clots **(19,082)**	10,736	7,407	895	44
- Pericarditis/Myocarditis (Heart inflammation) **(770)**	427	259	81	3
- Deafness **(580)**	195	367	16	2
- Nervous System Disorders **(237,904)**	55,002	174,814	7,473	615
- Strokes and CNS Haemorrages **(2,574)**	515	2,033	17	9

5) Vaccine Adverse Events Reporting System (VAERS) US

586 reports of 12-15 year olds who have been hospitalised following a Covid-19 Injection (to 27th

August 2021) and 9 Dead from Vaccine.

Date Reported to VAERS	Deceased 12-15 Year old Patient & Link
27 August 2021	15 Year old Girl: Cardiac Arrest – 3-4 days after second dose of Moderna injection I do not know the exact date of the first or second Moderna Vaccine. I am the PICU attending who cared for the patient after her cardiac arrest which we believe was about 3-4 days after her second Moderna Vaccine Link: https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1187918
22 April 2021	15 year old boy: Cardiac Failure – 2 days after Pfizer injection "Heart Failure" Died 2 days after vaccination. Link: https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1242573
08 June 2021	15 year old boy: Unexplained Death after Pfizer injection "Unexplained death within 48 hours" Link: https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1382906
	13 year old boy: Found deceased– 1 day after Pfizer injection Write-up "Flu like symptoms for 2 days then was found deceased" Link: https://medalerts.org/vaersdb/findfield.php?IDNUMBER=140684
28 June 2021	13 year old boy: Cardiac Arrest – 17 days after Pfizer injection "Patient is a 13-year-old previously healthy male who was admitted after out-of-hospital cardiac arrest found to be in the context of large cerebellar haemorrhage secondary to brain lesion" Link: https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1431289
11 July 2021	13 year old boy: Unknown cause of death 3 days after Moderna injection "Died three days after vaccine; 13 year old boy dies three days after the Moderna vaccine" Link: https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1463061

23 July 2021	15 year old boy: 4 days after second dose of Pfizer injection "Child collapsed on soccer field while playing soccer at a local camp. CPR was initiated immediately. Patient had his second covid vaccine on Sunday 7/18/2021. Died 7/22/2021" Link: https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1498080
27 July 2021	13 year old girl: 26 days after Pfizer injection Write-up: "patient arrived in ventricular tachycardia via EMS, but responsive. deteriorated to pulseless ventricular tachycardia, PEA and ultimately death". Link: https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1505250
20 August 2021	15 year old girl: Cardiac Arrest- 27 days after Pfizer injection A 15-year-old female patient received (COMIRNATY), on 11Jul 2021 07:30 (at the age of 15-year-old) as dose 1, single for COVID-19 immunization. The patient died on 07Aug2021. An autopsy was not performed. Cause of Death: Anoxia cerebral and Cardiac arrest Link: https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1592684

"The Covid-19 Vaccines have harmed and killed more children in the USA than all other vaccines combined according to official data" https://theexpose.uk/2021/09/20/covid-19-vaccines-have-killed-more-children-than-all-other-vaccines-combined/

6) Legal Challenges

Injunction against the UK Government for Children's Covid-19 Rollout: planned for filing by 25th September 2021
https://www.crowdjustice.com/case/children-covid-vaccinations/

Judicial Review: Led by the Covid-19 Assembly
Representing a number of concerned parents including doctors and lawyers, concerned that long established ethical principles are being cast aside and the children may pay the cost. Initial hearing set for Wednesday 22nd September.
https://www.crowdjustice.com/case/challenge-to-mhra-approval-of/